

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2016
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF GREENVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Billy Bryant on February 23, 2016. Records indicate this facility was first licensed on August 18, 1997. Based on this information, this facility is required to meet the 1994 Rules for the Licensing of Adult Care Homes, the applicable components of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1991 (w/revisions) North Carolina State Building Code(s) for Group I - Institutional Unrestrained Occupancy. LICENSED FOR 66 BEDS which includes a 14 BED SCU. Physical plant deficiencies were noted which require a plan of correction.	C 000	Please see attached for Plan of Correction.	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:

TITLE

(X6) DATE

STATE FORM

5322

N7LE21

If continuation sheet 1 of 8

Negan Ants Executive Director 3/15/2016

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation and interview with SCU Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required procedures to properly operate doors equipped with Special Locking Arrangements. This could affect all occupants of the facility who would need to evacuate through the door(s) if the exit were obstructed.</p> <p>Findings on February 23, 2016:</p> <p>a. SCU - the cross-corridor doors separating the SCU and AL units had metal keyed emergency release switch, but staff in the SCU unit did not have keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the unit must carry keys at all times. Deficiency corrected before Construction Surveyors departed Site by distributing 3 metal keys to SCU Staff that were keyed to unlock this emergency release switch and the pad locks on the gates.</p> <p>b. SCU Courtyard - the exits gates from the courtyard where secured with metal keyed padlocks and the courtyard was not large enough to provide a safe area of refuge in the event of a fire so the courtyard gates are part of the required exits. Staff in the SCU unit did not have keys to operate the padlocks. This is not in accordance with the NC State Building Code requirement that all staff responsible for evacuation must carry keys at all times. Deficiency corrected before Construction Surveyors departed Site by distributing 3 metal keys to SCU Staff that were keyed to unlock the pad locks on the gates and the emergency released switch.</p> <p>2. Based on observation, the Building did not</p>	C 101		

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C 101	Continued From page 2 meet the NC State Building Code at the time of initial Licensing by not have adequate fire detection. This would affect all residents, staff and visitors by not providing early detection and alarms. Findings on February 23, 2016: a. SCU- both courtyard exit doors had there manual fire pull stations altered so the activation part is blocked from use,	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path in the corridors to the outside. NC State Building Code requires a six-foot wide corridor. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on February 23, 2016: a. 100 Hall near Dining - for the entire Construction Survey there were two mostly unattended medication carts stationed in the Corridor, decreasing the required width to below six feet.	C 150		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

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C 164	Continued From page 3 (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls kept clean and in good repair. Findings on February 23, 2016: a. Front Activity Room - the texture ceiling was fall off near the rear supply grille.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the possibility of contaminated water from backflowing into the domestic water system. Findings on February 23, 2016: a. Spa across from Bedroom 2 - the tub had a shower wand hose long enough to reach gray water that were not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the domestic water lines. b. Spa across from Bedroom 201 - the tub had a shower wand hose long enough to reach gray	C 166		

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C 166	Continued From page 4 water that were not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the domestic water lines, 2. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on February 23, 2016: a. Closet near Bedroom 111 - eight portable medical oxygen cylinders were stored standing up in beverage a crate which is not capable of preventing cylinders from falling over.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide the fire extinguishers and associated equipment accessible. This would affect all residents, staff and visitors by not having emergency equipment in proper working order or assessable. Findings on February 23, 2016: a. SCU - in this unit, the fire extinguisher cabinets were secured shut with non-releasable beaded cable ties making it very difficult to open	C 183		

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C 183	Continued From page 5 the cabinet in an emergency,	C 183		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on February 23, 2016: a. Kitchen - the Corridor door had a wedge holding the door open. b. Dining - the Corridor door had a vacuum crevice tool holding the door open. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors would not resist the passage of smoke. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on February 23, 2016: a. 100 Hall Sitting Room - the Corridor door did	C 189		

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C 189	Continued From page 6 not latch to its doorframe, 3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on February 23, 2016: a. Parlor Dome - the fire sprinkler escutcheon plate had dropped down from the ceiling/wall,	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by	C 199		

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C 199	Continued From page 7 preventing the exhausting of odors. Findings on February 23, 2016: a. Mech Room in 200 SPA - the local exhaust ventilation system did not work,	C 199			

DHSR Construction HA Biennial Survey 23 Feb 2016
Spring Arbor of Greenville Hal074010, FID# 970986
Plan of Correction

10A NCAC 13F .0301 Physical Plant Requirements

C 101: Work request submitted to contracted alarm company on 3/11/2016. Scope of work: manual fire pull stations replaced to enable activation. Estimated date of completion is March 31, 2016.

C 150: Medication carts stationed in a different area of the corridor where the width is greater than six feet, thereby alleviating egress obstruction. Completed on 2/24/16.

C 101: All Special Care Unit staff carry keys at all times for the emergency release switch in the SCU.

10A NCAC 13F .0306 Housekeeping and Furnishings

C 164: Activity room ceiling repaired on 3/14/2016.

C 166: Vacuum breaker installed in spa across from bedroom 2 and in spa across from bedroom 201 on 3/8/2016.

C 166: Oxygen cylinders stored in metal oxygen storage unit provided by DME company; corrected on 3/2/2016.

10A NCAC 13F .0308 Fire Extinguishers

C 183: Breakable Cable ties (approved by local Fire Marshall) were removed from fire extinguisher cabinets on 3/2/2016.

10A NCAC 13F .0311 Physical Plant- Other Requirements

C 189 (1): Kitchen door wedge removed 2/24/2016. Dining room door crevice tool removed 2/24/16.

C 189 (2): 100 hall sitting room door repaired and now latches to its doorframe. Completed on 3/14/16.

C189 (3)a. Sprinkler escutcheon in Foyer was replaced on 3/15/2016.

C 199: Exhaust ventilation system in 200 hall spa works as evidenced by a sheet of paper sticking to the vent. (Located in Spa; there is no Mech Room inside Spa.) Completed on 3/14/2016.

To ensure on-going compliance, Maintenance Director will use Quarterly Inspection Check-list to ensure compliance in the above areas. He will document his review and submit to the Executive Director for her review.